



## DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

The Chicago Department of Public Health (CDPH) is pleased to support the Illinois' 1115 waiver proposal, *The Path to Transformation*. CDPH's comments focused on strengthening public health services to serve the triple aim of better population health, improved quality and decreased costs.

### **Pathway #1 Transform the Health Care Delivery System.**

It is critical that the local health departments are important components of the delivery system. CDPH supports the development and expansion of school based health care services as a strategy to prevent and manage chronic disease among children and adolescents by getting people the right care in the right setting at the right time. Whether provided by a school-based health center or by public health programs, school-based health services reach and treat underserved children and adolescents and prevent costly treatment, hospitalizations, and emergency room admissions. Therefore:

- ❖ CDPH requests that school-based health care services be recognized as essential delivery mechanisms to screen and treat at risk student populations and receive Medicaid funding.
- ❖ CDPH supports school-based, preventative mental and behavior support services. A conclusive body of evidence supports timely and targeted services to help reduce unnecessary pain and suffering, support academic achievement, reduce self-harm and interpersonal violence, and ameliorate the burden of illness on students and their families, and the costs to society at large. Up to 50 percent of low-income students face serious emotional or behavioral challenges that interfere with their ability to learn.

Current funding for school-based prevention and early intervention services is limited and fragmented, dependent on the availability of grant funding and the availability of providers, which leaves many at-risk and high-need students without services or supports. Through the *Path to Transformation*

*waiver*, Illinois could, through school-based service providers, direct preventative mental and behavior support services to the students who need it most.

- ❖ To reduce of the spread of sexually transmitted infections (STI) among adolescents, this waiver could support help transform existing, grant-supported programming by providing payment for:
  - School-based chlamydia and gonorrhea testing, including payment to test asymptomatic adolescent males for gonorrhea, grades 9-12.
  - Expedited partner therapy (EPT), including case management and prescriptions, for adolescents who test positive for chlamydia and/or gonorrhea, grades 9-12.
  - Group education and counseling services, grades 9-12.
  - Piloting the use of rapid-testing systems to enable same day testing, treatment, and EPT.
- ❖ Few adolescents are aware of their risk to develop diabetes yet in some community areas in Chicago, as many as 1 in 4 students have diabetes or pre-diabetes. Given how compliant adolescents are in completing treatment upon being diagnosed with an STI, a clinical finding (as measured by an A1C test) may be similarly motivational and more effective in changing behavior than just "Eat right, move more" exhortations. CDPH supports piloting a school-based screening program to identify (e.g. at least 2 cardiovascular risk factors), test (A1C) students at risk for diabetes, and to evaluate the effectiveness of early clinical findings as a strategy to combat obesity among adolescents.
- ❖ CDPH also supports reimbursing state certified Community Health Workers who deliver services as part of a health care team. The state should also support Accountable Care Communities (ACC) to foster collaborations among clinical and community sector participants to reform health systems.<sup>1</sup>

## **Pathway #2: Build Capacity of the Health Care System for Population Health Management.**

We agree with this pathway. In addition, to improve the public health workforce capabilities, the waiver should allow for Medicaid funding for:

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<sup>1</sup> Accessed at: <http://www.whitehouse.gov/blog/2013/09/09/accountable-care-community-shared-accountability-health-community>

- ❖ Healthy Homes inspections for high-risk patients, to assess for housing-based hazards that cause childhood lead poisoning, cancer, and trigger asthma attacks and other conditions;
- ❖ Nursing visits for pregnant women/teens and young children to support healthy development, breastfeeding, interconceptional health, and timely referral to resources.
- ❖ CDPH suggests the use of the Pathways Communication HUB model to centralize payment processes, systems, and resources for tracking individual clients' progress.<sup>2</sup> The HUB could connect individuals with appropriate health and social services and coordinate Medicaid payment for needed services.
- ❖ We are especially interested in applying the Hubs and Pathways model to community-based, obesity prevention initiatives. Because successful management of chronic disease is fundamentally different from acute care, and because successful chronic disease management frequently requires long term follow-up, regular monitoring, and promotion of obedience, including peer support, we believe it is appropriate to explore whether very low-cost community-based interventions that provide social support and encourage healthy lifestyle changes through positive peer pressure (i.e., Weight Watchers or church-based health initiatives) can become a much more cost-effective cure to our supersized obesity problem.
- ❖ The Regional Health HUB could develop collaborative partnerships pathways only with community based interventions that are already proven to work – or, alternatively, new innovative community-based initiatives could be paid for strictly on a pay-for-performance basis.
- ❖ In addition, for those with Stage II Hypertension, Medicaid could support home blood pressure monitors so that patients are empowered with information to make healthy choices.
- ❖ The Regional Hubs should actively engage local health departments and promote collaboration on community assessment and implementation activities required of both public health departments, through IPLAN (Illinois Project for Local Assessment of Need), and the non-profit hospitals, through the ACA mandate. HUBs could facilitate the development of a core health needs assessment for jurisdictions and coordinated implementation of prioritized community-driven strategies that ensure focus on vulnerable populations to decrease health disparities. The Hubs provide economies of scale and

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<sup>2</sup> <http://www.innovations.ahrq.gov/guide/HUBManual/CommunityHUBManual.pdf>

promote a culture of data sharing, data analysis, and coordinated implementation of evidence-based and innovative strategies to improve population health.

**Pathway #4: LTSS Infrastructure, Choice, and Coordination; Behavioral health expansion/integration.**

- ❖ CDPH supports reimbursement for outpatient substance abuse treatment and concurrent behavioral health supports.
- ❖ CDPH supports the renewal of expiring waivers for Children and Young Adults with Developmental Disorders to continue to provide equipment, services, and residential care for individuals with autism, developmental disabilities, and mental retardation. Additionally:
  - Reimburse for Applied Behavioral Analysis-based (ABA) treatment services for young children up to age 11 who have a diagnosis of ASD.
  - Reimburse for intensive treatment services (in-home and community-based) for children who have a diagnosis of ASD and are at risk for institutionalization

We appreciate the opportunity to comment on the *Plan to Transformation* and are looking forward to working with the State to move this work forward and transform Illinois' Medicaid system.

Thank you.

Bechara Choucair, MD

Commissioner

Chicago Department of Public Health